

VIRGINIA BEACH DEPARTMENT OF PUBLIC HEALTH  
OFFICE OF ENVIRONMENTAL HEALTH SERVICES  
4452 CORPORATION LANE  
VIRGINIA BEACH, VA 23462  
(757) 518-2646  
(FAX) 518-2642

**2011-2012 Permit Season**

**APPLICATION FOR SWIMMING POOL/SPA/HOT TUB**  
**RETURN ORIGINAL ONLY. DO NOT COPY OR FAX**  
**COMPLETE ALL AREAS - BOTH BACK AND FRONT**

**NOTE:** This is not a permit to operate. Please allow 3-5 working days when calling for an inspection.

Application for: Indoor Pool: \_\_\_\_\_ Indoor Spa/Hot Tub: \_\_\_\_\_  
Date New Renewal Update Outdoor Pool: \_\_\_\_\_ Outdoor Spa/Hot Tub: \_\_\_\_\_  
Wading Pool: \_\_\_\_\_ Other: \_\_\_\_\_

**NOT TO BE COMPLETED BY POOL MANAGEMENT COMPANIES**  
**INCOMPLETE APPLICATIONS WILL BE RETURNED**

Name of Pool: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
(Complete name)

Address of Pool: \_\_\_\_\_ City State Zip  
(Complete number and street name)

**Mailing Address if different from above:** \_\_\_\_\_ City State Zip

Corporate Management Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City State Zip

Name (if privately owned): \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Address of individual owner: \_\_\_\_\_ City State Zip

Name of Operator/Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Associated Facilities: Motel/Hotel: Yes ( ) No ( ) If yes, name: \_\_\_\_\_  
Restaurant: Yes ( ) No ( ) If yes, name: \_\_\_\_\_  
Campground: Yes ( ) No ( ) If yes, name: \_\_\_\_\_

**FACILITY INFORMATION:** Operation: ( ) Yearly ( ) Seasonal \_\_\_\_\_ Hours: \_\_\_\_\_  
Month to Month am to pm

Days of Operation: Mon. Tues. Wed. Thur. Fri. Sat. Sun.

Water Supply: ( ) Public (City) ( ) Private (Well) Name of Certified Pool Operator: \_\_\_\_\_

**POOL DIMENSIONS:** \_\_\_\_\_  
LENGTH WIDTH DEPTH TOTAL SURFACE AREA CAPACITY IN GALLONS

**DISINFECTION METHODS:**  
Disinfectant Used: \_\_\_\_\_ Disinfectant Equipment Used: \_\_\_\_\_ Chemical Amount on Hand: \_\_\_\_\_

#####  
Revised 2/11 HEALTH DEPARTMENT USE ONLY  
#####

Permit Number: \_\_\_\_\_ Census Tract: \_\_\_\_\_ EHS: \_\_\_\_\_ Area: \_\_\_\_\_ Check #: \_\_\_\_\_ Encounter Number: \_\_\_\_\_

**CONTINUE ON BACK**

**IS POOL/SPA MANAGED BY A POOL COMPANY, IF SO:**

Name of Pool Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address of Company: \_\_\_\_\_  
City State Zip

Contact Person: \_\_\_\_\_

**CONDITIONS OF THIS PERMIT INCLUDE, BUT ARE NOT LIMITED TO:**

1. Read and be familiar with the Virginia Beach Swimming Pool Ordinance.
2. Abide by the conditions of such laws, rules and regulations.
3. Freely permit any agent(s) of the Department of Health to inspect subject premises at any reasonable time and to perform tests or take samples considered necessary.
4. A Certified Swimming Pool Operator must be available at all times.

**I FURTHER UNDERSTAND THAT:**

1. Virginia Beach Department of Public Health permits expire at midnight on the date indicated on permit. If pool/spa is closed for more than 30 days, re-opening without a health department inspection is prohibited.
2. Permits are not transferable.
3. The Virginia Beach Department of Public Health must be notified within forty-eight hours after having sold, transferred ownership, given away or otherwise disposed of any interest in, or control of, this swimming pool, spa or hot tub.

\_\_\_\_\_  
Signature of Authorized Agent

\_\_\_\_\_  
Printed Name of Authorized Agent

**FOR NEW CONSTRUCTION /RENOVATION SWIMMING POOLS/SPAS ONLY:**

Two (2) separate sets of plans are required at time of submission.

**I CERTIFY THAT THE SWIMMING POOL/SPA PLANS SUBMITTED WILL COMPLY OR EXCEED THE MINIMUM REQUIREMENTS AS STATED IN CHAPTER 34 OF THE CODE OF THE CITY OF VIRGINIA BEACH.**

**A SIGNED COPY OF THE POOL SPECIFICATIONS PLACARD MUST ACCOMPANY THIS APPLICATION.**

**A FEE OF \$95.00 FOR EACH PLAN REVIEW OF NEW CONSTRUCTION FOR POOL AND/OR SPA MUST ACCOMPANY EACH APPLICATION.**

\_\_\_\_\_  
Signature of Authorized Representative